

Monroe County Early Intervention Program
Community Health and Safety Survey – **Indoor** Area

Child's name: _____

Location: _____

- ☐ The environment where EI services are provided is safe from chemicals, contaminants, toxic materials, and other hazards.
- ☐ The environment is free of potential fire, construction, and other structural hazards.
- ☐ Public restrooms are available/accessible, clean and adequately supplied.
- ☐ Hallways and/or exits are not obstructed and are free from clutter.
- ☐ Stairs are lighted.
- ☐ Stairs, walkways, porches, and ramps are free of ice, snow, and other hazards, and have railings or other barriers to prevent children from falling.
- ☐ Pets on premises do not pose a potential threat to children.
- ☐ Areas where EI children are receiving services have entrances and exits that prevent children from wandering out of the immediate area.
- ☐ There are no other physical conditions that are potentially hazardous to children during the delivery of services.
- ☐ Evacuation procedures and routes are prominently posted.
- ☐ Providers are aware of the current emergency evacuation plan and evacuation routes in the community-based setting, location of telephones on premises and up-to-date emergency telephone numbers.
- ☐ Public swimming pools used are only those subject to the oversight of Chapter 1, Subpart 6-1 of NY Sanitary Code and do not pose a health risk to children.

Comments: _____

Check any that are applicable:

- ____ I _____ (Parent/Legal Guardian), was present and participated in the assessment of the Community location where my child will receive EI services, along with my child's services provider _____ and I agree that my child receive services at this location.
- ____ Parent was not present at the location where the survey was completed.
- ____ If there are one/more concerns identified, the EIO(D) and Parent/Legal Guardian were contacted regarding the findings.

Provider Name: _____ Date of Survey: _____

Note: Completed form is kept in the child's record belonging to the Provider.

Monroe County Early Intervention Program
Community Health and Safety Survey – **Outdoor** Areas

Child's name: _____ Location: _____

- ☐ Site is free of obstacles that could cause injuries such as overhanging tree branches, wires, tree stumps, and/or roots, bricks/concrete.
- ☐ Play equipment is clean and in good condition (no broken pieces, sharp edges, choking hazards, splinters, cracks, rusted areas, screws, etc.).
- ☐ Walkways should be clear of trash and clutter to prevent tripping.
- ☐ Play areas are clear of debris and small or potentially harmful objects.
- ☐ Play equipment is developmentally appropriate.
- ☐ Play equipment is securely anchored.
- ☐ There is adequate protective surfacing under/around playground equipment to help absorb the shock if a child falls.
- ☐ There are no openings in equipment that can trap a child's head or neck, such as openings in guardrails or ladders.
- ☐ Elevated surfaces such as platforms and ramps have guardrails to prevent falls.
- ☐ Slides have large decks and hand rails at the top.
- ☐ Merry-go-rounds have solid, flat riding surfaces and handholds.
- ☐ Sandboxes are clean and void of organic, toxic, or harmful material.
- ☐ Public restrooms are available/accessible, clean, and are adequately supplied.
- ☐ Public swimming pools used are only those subject to the oversight of Chapter 1, Subpart 6-1 of NY Sanitary Code and do not pose a health risk to children.
- ☐ There are no other physical conditions that are potentially hazardous to children during the delivery of services.

Comments: _____

Check any that are applicable:

- ____ I _____ (Parent/Legal Guardian), was present and participated in the assessment of the Community location where my child will receive EI services, along with my child's services provider _____ and I agree that my child receive services at this location.
- ____ Parent was not present at the location where the survey was completed.
- ____ If there are one/more concerns identified, the EIO(D) and Parent/Legal Guardian were contacted regarding the findings.

Provider Name: _____ Date of Survey: _____

Note: Completed form is kept in the child's record belonging to the Provider.